

2nd Year OSCE Feedback

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Aims

- ✿ *Give feedback over validity of the OSCE process*
- ✿ *Explain the marking scheme and process*
- ✿ *Provide example answers to those stations carried out poorly*

Why did you fail?

- ✿ *There has to be a standard*
- ✿ *The GMC demands a standard*
- ✿ *We have a responsibility to patients and the community*
 - ✿ *The “Granny Test”*
- ✿ *The exam must select out all those who should fail*
- ✿ *No “false passes”*

Marking Schemes

- ✿ *The marks are set to capture skills and processes key to the case*
- ✿ *Marking schemes are checked by a standard setting committee to ensure fairness*
- ✿ *If you don't do it, you don't get the marks*
- ✿ *Examiners' instructions are very clear, and adhered to*

Validity

- ✿ *Exam board met post exams*
- ✿ *Intra and inter examiner variability checked*
- ✿ *Individual stations checked for discriminating power*
- ✿ *All standards accepted by exam board 2011*

Example Stations

- ✿ *We will not be giving out*
- ✿ *Individual marks*
- ✿ *Specifics of the mark scheme*
- ✿ *Information on the questions in the resit.*

All Stations

- ✿ *Introduce yourself to the patient.*
- ✿ *Confirm patient details*
- ✿ *Explain what you are about to do*
- ✿ *Wash your hands*
- ✿ *Summarise*
- ✿ *Check patient's understanding*
- ✿ *Give an opportunity for patient to ask questions*
- ✿ *Adequate summary*

History Gathering

- ✿ *Sequence of events, starting point*
- ✿ *How much does the patient know, how much do they want to know?*
- ✿ *Patient's ideas, concerns, expectations*
- ✿ *Signposting*
- ✿ *Chunks and checks*
- ✿ *Repetition and summarising*
- ✿ *Explains in patient's context*

Relationships and Rapport

- ✿ *Rapport and empathy*
- ✿ *Non-verbal communication*
- ✿ *No jargon*
- ✿ *Active listening*
- ✿ *Structure and flow of consultation*

Examination Stations

- ✿ *General examination*
- ✿ *Hands and face*
- ✿ *System specifics*
- ✿ *Inspection*
- ✿ *Palpation/Percussion*
- ✿ *Auscultation*
- ✿ *Relationship*
- ✿ *Rapport/Empathy*
- ✿ *Structure*
- ✿ *Logical sequence*
- ✿ *Closure*
- ✿ *Explanation of findings*

Examination Stations

- ✿ *Respiratory examination*
- ✿ *Thyroid examination*
- ✿ *Joint examinations*
- ✿ *Abdominal examination*
- ✿ *Renal things...*

Problem Stations

- ✿ 3 - *Examination of the thyroid gland*
- ✿ 6 - *Explain the colonoscopy results*
- ✿ 12 - *Nephritic syndrome and urine dipstick*
- ✿ 14 - *Acute care - Asthma*
- ✿ 15 - *Respiratory Exam*

Thyroid Examination

- ✿ *Introduction*
- ✿ *Brief history*
- ✿ *Introduction to examination*
- ✿ *Thyroid status*
- ✿ *Thyroid inspection*
- ✿ *Palpation*
- ✿ *Auscultation*
- ✿ *Relationship*
- ✿ *Structure*
- ✿ *Closure*

Colonoscopy Results

- ✿ *Introduction*
- ✿ *Information gathering*
- ✿ *Explanation*
- ✿ *Planning*
- ✿ *Relationship*
- ✿ *Structure*
- ✿ *Closure*

Nephritic Syndrome

- ✿ *Introduction*
- ✿ *Information gathering*
- ✿ *System review, address red flags*
- ✿ *Explanation of procedure*
- ✿ *Procedure*
- ✿ *Relationship*
- ✿ *Structure*
- ✿ *Closure*

Acute care - Asthma

- ✿ *Introduction*
- ✿ *ABC*
- ✿ *Initial management*
- ✿ *Recheck AVPU and ABC*
- ✿ *Relationship*
- ✿ *Structure*

Respiratory Exam

- ✿ *Introduction*
- ✿ *General examination*
- ✿ *Inspection*
- ✿ *Palpation*
- ✿ *Percussion*
- ✿ *Relationship*
- ✿ *Structure*
- ✿ *Closure*

Summary

- ✿ *Simple things get the majority of the marks*
- ✿ *Introduction and closure*
- ✿ *Structure*
- ✿ *Logical approach*
- ✿ *Examination and History*



